

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395879	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/05/2023
NAME OF PROVIDER OR SUPPLIER: QUALITY LIFE SERVICES - MERCER STATE LICENSE NUMBER: 034102			STREET ADDRESS, CITY, STATE, ZIP CODE: 8221 LAMOR ROAD MERCER, PA 16137		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0000	Continued from page 1 Based on an Abbreviated Survey in response to an incident, completed on April 5, 2023, it was determined that Quality Life Services-Mercer, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000			

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F 0000	Continued from page 2	F 0000			
F 0600 SS=G		F 0600			

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F 0600 SS=G	Continued from page 3 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	Resident # 1's mobility/transfer status has been re-assessed by therapy for appropriate transfer status. Other residents have been reviewed by Therapy to ensure the mobility/transfer status of each resident is correct. Employee # 6 has been re-educated by the DON on the mobility/transfer protocol for resident #1. Nursing staff has been re-educated by DON/Designee on the mobility/transfer protocol for resident # 1 and other residents. New admissions will be reviewed at morning clinical meeting to ensure that an appropriate transfer/mobility order is in place. ADON/designee has completed lift competencies on all Nursing Staff. Five residents per week x 4 weeks then 5 residents monthly x 2 months will be audited by ADON/Designee to ensure nursing staff is utilizing proper mobility/transfer protocol. Results of the audits will be reviewed at monthly QAPI meeting.	Completion Date: 04/25/2023 Status: APPROVED Date: 04/18/2023	

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F 0600 SS=G	<p>Continued from page 4</p> <p>Based on review of facility policy, clinical records and facility documentation and staff interviews, it was determined that the facility failed to provide services to create an environment free from neglect by transferring a resident improperly, resulting in actual harm of a laceration to the head that required staples for one of four residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy entitled "Resident Protection From Abuse, Neglect or Exploitation", dated 1/16/23, revealed "abuse means the willful infliction of injury, ...with resulting physical harm, pain, or mental anguish." "Willful as used in the definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm."</p> <p>A review of Resident R1's clinical record revealed an admission date of 12/13/22, that included diagnoses of dementia, diabetes and fracture of the</p>	F 0600			

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F 0600 SS=G	Continued from page 5 pelvis. A review of Resident R1's Quarterly Minimum Data Set (MDS- an assessment used to facilitate the management of care and needs), dated 1/31/23, revealed that Resident R1 was confused and required extensive two person assist with transfers. A review of the task care plan for Resident R1 revealed on 12/13/22, Resident R1 was to utilize a front wheeled walker with two assist and physician's order summary indicated under "Activities/Mobility:" Resident R1 was a transfer with assist of two staff members. Review of a nursing note written on 3/02/23, revealed that Registered Nurse Employee E7 was notified by Nurse Aide (NA) Employee E6 that they needed help. Resident R1 was laying on their left side with their feet towards the door and head towards the end of the bed. The lift was near the resident's bed. Observed by the RN was a laceration on the resident's head with a medium	F 0600			

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F 0600 SS=G	Continued from page 6 amount of blood in the resident's hair and on the floor. The physician was contacted and Resident R1 was sent to the hospital. Review of a nursing note, dated 3/03/23, revealed that Resident R1 returned to the facility with a laceration repair done on the left back side of the scalp with three stitches in place. A review of NA Employee E6's statement, dated 3/02/23, revealed that NA Employee E6 indicated he/she was preparing Resident R1 for bed. Resident R1 was attempting to get into bed without assistance so NA Employee E6 got Resident R1 to sit in her chair and NA Employee E6 got a Sit to Stand lift. NA Employee E6 positioned Resident R1 to be lifted, placed Resident R1's hands on the handles and started the lift. Resident R1 let go of the handles and slide down between the lift and the bed. Resident R1 hit their head on the metal railing on the bed. NA Employee E6's statement further indicated that this was not the first time to use a Sit to Stand lift on Resident R1.	F 0600			

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F 0600 SS=G	Continued from page 7 Review of information submitted by the facility, dated 3/03/23, revealed that NA Employee E6 was transferring Resident R1 from their wheelchair to bed with a Sit to Stand lift. The resident let go of the handles and slid down between the bed and the lift, with Resident R1 hitting their head on the bed. The NA Employee E6 immediately unhooked the resident and laid the resident on the floor and got the nurse. Resident R1 was noted to have a laceration to the back of the head, the physician was notified and Resident R1 was sent to the hospital. Resident R1 returned to the facility with three sutures to the back of the head. The report revealed that Resident R1's transfer order was an assist of two with a wheeled walker and NA Employee E6 stated the reason he/she used the Sit to Stand lift was that the resident was having difficulty standing. The report stated that a NA cannot use a lift without an order and two staff members are to be present for lift use. During an interview on 4/5/23, at 11:17 a.m. the Director of Nursing (DON) confirmed that Resident	F 0600			

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F 0600 SS=G	Continued from page 8 R1 was a two person transfer with a wheeled walker. The DON also confirmed NA Employee E6 transferred the resident without the assistance of another staff member and also transferred the resident without a physician's order to use the Sit to Stand lift. The facility neglected to utilize the appropriate transfer for a resident as care planned which caused actual harm of a laceration requiring medical treatment and staples to Resident R1's head. 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(e)(1) Management 28 Pa. Code 210.18(b)(3)(e)(1) Management 28 Pa. Code 211.12(c) Nursing services	F 0600			

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F 0600 SS=G	Continued from page 9 28 Pa. Code 211.12(d)(3) Nursing services	F 0600			



Certified End Page

QUALITY LIFE SERVICES - MERCER

STATE LICENSE NUMBER: 034102

SURVEY EXIT DATE: 04/05/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY